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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/904,992
Filing Date	July 12, 2001
First Named Inventor	Ashkenazi, et al.
Group/Art Unit	1636
Examiner Name	Leffers, Gerald G.

Total Number of Pages in This Submission

Attorney Docket Number 39780-1618P2C39

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Version with Markings Showing Changes<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (3-MONTH EOT = \$1,020.00)<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>Declaration of Sherman Fong with Exhibits A-I; and stamped return postcard |
|--|---|--|

Remarks

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER.

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name PANPAN GAO, ESQ., REG. NO. 43,626, HELLER EHRMAN WHITE & McAULIFFE LLP

Signature

Date

JULY 18, 2005

Customer Number:

35489

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08/03/2005 DJR/000002 08 641 00 00 01 FC:1253

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/904 992

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
XS 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
XS18=	
X80=	
+270=	
TOTAL	710

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

12-14-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus 51	
Independent	1	Minus 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

ADDITIONAL FEE

OR ADDITIONAL FEE

7-18-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus 51	
Independent	1	Minus 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

ADDITIONAL FEE

OR ADDITIONAL FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

ADDITIONAL FEE

OR ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3"

\*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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